	OIPE	PART B	- FEE(S) TRA	NSMITTAL				
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28722 75 BRACEWELL & P.O.BOX 969- AUSTIN, TX 7876	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
Suite 2110 Austin, TX 78759				(Depositor's name)				
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APPLICATION NO.	FILING DATE	]	FIRST NAMED INVE	NTOR	ATTORNEY I	OOCKET NO.	CONFIRMA	ATION NO.
09/997,458	09/997,458 11/30/2001 Carol lvasl			lc AUS920000651US1 6180				80
TITLE OF INVENTION: N								
APPLN. TYPE	SMALL ENTITY	ISSUE FI		PUBLICATION FEE	TOTAL FE		DATE	
nonprovisional	NO	\$1400		\$300 08.	/29/2006 MAHM	700 IED2 arraga	10/05 בגגמסמ 33	/2006
EXAMINER		ART UNIT		LASS-SODELASS WI	FC:1501	1400.00 DA		09997458
DAY, HERNG DER		2128		703-013000	FC:1504	300.00 DA	}	
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fec Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed; no name will be printed.							
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
International Business Armonk, New York								
Machines Corporation  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual  Corporation or other private group entity  Government								
4a. The following fec(s) are  Issue Fec  Publication Fee (No s  Advance Order - # of	b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number							
	MALLENTUTY status. See :	37 CFR 1.27.		no longer claiming SM				
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